



**DIVISION OF LICENSING**  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

|                              |  |  |     |   |                         |                       |                     |            |
|------------------------------|--|--|-----|---|-------------------------|-----------------------|---------------------|------------|
| Provider                     | LUCY RAMOS                                   |  |     |   | License Number          | DCFH.57757            | Date of Inspection  | 02/03/2026 |
|                              |  |  |     |   | Expiration Date         | 11/30/2026            | Time of Inspection  | 09:30 AM   |
| Address                      | 200 FAIRFIELD AVE<br>WATERBURY CT 06708-4040 |  |     |   | Telephone               | (631) 662-6382        | Regular Capacity    | 6          |
|                              |  |  |     |   | Hours of Operation      | 5:30 AM – 5:00 PM     | School Age Capacity | 3          |
| Is this a Change of Address? | Yes?   |  | No? | X | Days of Operation       | Mon-Fri               | Summer Hours        | Open       |
| New Address                  |  |  |     |   | # Under 18 mths present | 0                     | Weekend Hours       | Yes        |
|                              |  |  |     |   | Total children present  | 4                     | Night Hours         | No         |
| Type of Inspection           | UNANNOUNCED INSPECTION - FULL                |  |     |   | Inspector's Name        | Jenny Ferreira        |                     |            |
| Provider's Email             | lucyaperes8927@gmail.com                     |  |     |   | Inspector's Email       | jenny.ferreira@ct.gov |                     |            |

Key:  
 Compliant = X  
 Non-Compliant = O

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h). *Lucy Ramos*

Signature of Provider/Substitute/Applicant

**TERMS OF REGISTRATION 19a-87b-5**

|   |                                      |          |
|---|--------------------------------------|----------|
| X | 4. Capacity                          |          |
| X | 5. Non-transferability of license    | Pending? |
| X | 6. Infant/Toddler Restriction        |          |
| X | 7. License Posted                    |          |
| X | 8. Parent Access to OEC Phone Number |          |
| X | 9. Photo ID                          |          |
| X | 10. Requests for Information         |          |
| X | 11. Notification of Change           |          |

**QUALIFICATION OF PROVIDER 19a-87b-6**

|   |  |            |
|---|--|------------|
| X | 12. Awareness of, Understanding of Regulations |            |
| X | 13. Medical statement                          |            |
|   | Expiration date:                               | 01/03/2027 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 01/17/2026 |

|          |                            |  |
|----------|----------------------------|--|
| <b>X</b> | <b>15. CPR Certificate</b> |  |
|          | Expiration date:           |  |
|          | 01/17/2026                 |  |
| <b>X</b> | <b>16. Judgment</b>        |  |

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

|          |                                  |  |
|----------|----------------------------------|--|
| <b>X</b> | <b>17. Medical Statement</b>     |  |
| <b>X</b> | <b>18. Household Environment</b> |  |

**QUALIFICATIONS OF STAFF 19a-87b-8**

|          |                                |          |                          |                      |
|----------|--------------------------------|----------|--------------------------|----------------------|
| <b>X</b> | <b>19. Sub/Assistant</b>       | Y/N      | <b>Name:</b> Luz Ventura | <b>Appvl #</b> 93013 |
|          | Type of Staff:                 | <b>Y</b> |                          |                      |
|          | Substitute                     |          |                          |                      |
| <b>X</b> | <b>20. Emergency Caregiver</b> |          |                          |                      |

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

|          |                                |  |
|----------|--------------------------------|--|
| <b>X</b> | <b>21. Background Check(s)</b> |  |
|----------|--------------------------------|--|

**PHYSICAL ENVIRONMENT 19a-87b-9**

|          |  |          |  |
|----------|--|----------|--|
| <b>X</b> | <b>22. Clean/Sanitary Environment</b>                |          |  |
| <b>X</b> | <b>23. Freedom of Hazards</b>                        |          |  |
| <b>X</b> | <b>24. Harmful Substances/Materials Inaccessible</b> |          |  |
| <b>X</b> | <b>25. Bio-contaminants Disposed Safely</b>          |          |  |
| <b>X</b> | <b>26. Safe Storage of Flammables</b>                |          |  |
| <b>X</b> | <b>27. Safe Door Fasteners</b>                       |          |  |
| <b>X</b> | <b>28. Electrical Safety</b>                         |          |  |
| <b>X</b> | <b>29. Safe Exits</b>                                |          |  |
| <b>X</b> | <b>30. Basement Supervision</b>                      | Y/N      |  |
|          |  | <b>Y</b> |  |
|          | <b>Used for Care ?</b>                               | Y/N      |  |
| <b>X</b> | <b>31. Stairways - Protected, Handrails</b>          |          |  |
| <b>X</b> | <b>32. Emergency Plan</b>                            |          |  |

|          |   |   |  |
|----------|---|---|--|
| <b>X</b> | 33. Emergency Evacuation Drills - Quarterly/Log               |   |  |
| <b>X</b> | 34. Smoke Detectors   |   |  |
| <b>X</b> | 35. Carbon Monoxide Detector                                  |   |  |
| <b>X</b> | 36. Fire Extinguisher- 5 lb. ABC/Installed                    |   |  |
| <b>X</b> | 37. Auxiliary Heating System N Type?                          | Appvd?  |  |
| <b>X</b> | 38. Safe Storage of Weapons and Ammunition                    |   |  |
| <b>X</b> | 39. Safe Space- Sufficient<br>Indoors   Outdoors<br>Y   Y     |   |  |
| <b>X</b> | 40. Body of Water- Type:<br>Barrier?                          | Y/N<br>N  |  |
| <b>X</b> | 41. Hot Tubs- Locked - Inaccessible                           | Y/N<br>N  |  |
| <b>X</b> | 42. Ventilation, Light and Temperature- 65°                   |   |  |
| <b>X</b> | 43. Window Safety   |   |  |
| <b>X</b> | 44. Washing Toileting, Sewage Garbage Facilities              |   |  |
| <b>X</b> | 45. Adequate and Safe Water - Type of System:<br>Public Water |   |  |
| <b>O</b> | 46. Water Temperature- 60°-120°                               | Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when observed water temperature is 138 degrees. |  |
| <b>X</b> | 47. Pasteurization of Milk Supply                             |   |  |
| <b>X</b> | 48. Working Phone, Emergency Numbers Posted                   |   |  |
| <b>X</b> | 49. Safe Transportation Registered, Insured, Restraints       |   |  |
| <b>X</b> | 50. First Aid supplies  |   |  |
| <b>X</b> | 51. Pet protection  | Type:   |  |
|          | Pets?   | N   |  |
|          | Rabies Certs?   |   |  |
| <b>X</b> | 52. Smoking Prohibited  |   |  |

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

|          |                     |   |  |
|----------|---------------------|---|--|
| <b>O</b> | 53. Enrollment Form | Provider not in compliance with maintaining complete child enrollment form(s) when observed enrollment form not signed or dated by parents. |  |
|----------|---------------------|---|--|

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| <b>X</b> | 54. Child Health Record  |   |
| <b>O</b> | 55. Immunizations  | Provider not in compliance with maintaining current immunization record(s) when observed four (4) children enrolled with no flu vaccine for 2025. |
| <b>X</b> | 56. Emergency Permission   |   |
| <b>X</b> | 57. Authorized Release   |   |
| <b>X</b> | 58. Field Trip and Transportation Permission-To/From School              |   |
| <b>X</b> | 59. Swimming Permission  |   |
| <b>X</b> | 60. Incident Log   |   |
| <b>X</b> | 61. Confidentiality  |   |
| <b>X</b> | 62. Meeting the Child's Needs  |   |
| <b>X</b> | 63. Sufficient Play Equipment  |   |
| <b>X</b> | 64. Good Nutrition-Meals/Snacks, Water Available                         |   |
| <b>X</b> | 65. Handwashing  |   |
| <b>X</b> | 66. Flexible and Balanced Written Schedule                               |   |
| <b>X</b> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |   |
| <b>X</b> | 68. Proper Rest Provisions – Safe Cribs                                  |   |
| <b>X</b> | 69. Individual Plan for Care (Written if Applicable)                     |   |
| <b>X</b> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |   |
| <b>X</b> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |   |
| <b>X</b> | 72. Infants Placed on Back for Sleeping                                  |   |
| <b>X</b> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet |   |

|          |  |  |
|----------|--|--|
| <b>X</b> | 74. Crib or Other Provision Free from Observable Hazards             |  |
| <b>X</b> | 75. Infants not Swaddled   |  |
| <b>X</b> | 76. Infants Supervised – minimum every 15 minutes                    |  |
| <b>X</b> | 77. Req. for Sleep Arrangements Posted/Discussed                     |  |
| <b>X</b> | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal |  |
| <b>X</b> | 79. Parent Information and Access                                    |  |
| <b>X</b> | 80. Developmental Milestones – Posted                                |  |
| <b>X</b> | 81. Supervision- at all Times, Indoors, Outdoors                     |  |
| <b>X</b> | 82. Personal Schedule- Alert, Competent Attention                    |  |
| <b>X</b> | 83. Full Attention - Distractions, Employment, Socialization         |  |
| <b>X</b> | 84. Immediate Attention  |  |
| <b>X</b> | 85. Substitute – Emergency Caregiver Present                         |  |
| <b>X</b> | 86. Appr. Discipline, Behavior Management                            |  |
| <b>X</b> | 87. Discuss Beh. Management Methods w/Staff and Parents              |  |
| <b>X</b> | 88. Child Protection- Abuse/Neglect                                  |  |
| <b>X</b> | 89. Notify OEC within 24 hrs. - Death or Serious Injury              |  |
| <b>X</b> | 90. Mandated Reporting Abuse or Neglect to DCF                       |  |

### SICK CHILD CARE 19a-87b-11

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 91. Sick Child Care |  |
|----------|---------------------|--|

### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

|          |   |  |
|----------|---|--|
| <b>X</b> | 92. Separate Bed- Location of Bed - Appropriate Sleepwear |  |
|----------|---|--|

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

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|----------|--|--|
| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

|          |   |  |
|----------|---|--|
| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds |  |
|----------|---|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
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|----------|--|--|
| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s) |  |
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| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled |  |
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| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds |  |
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| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff |  |
|----------|---|--|

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| <b>X</b> | 100. Written Auth<br>Prescriber/Parent<br>Permission |  |
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| <b>X</b> | 101. MAR<br>Maintained |  |
|----------|------------------------|--|

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| <b>X</b> | 102. Prescription<br>Meds -<br>Stored/Labeled |  |
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|          |   |  |
|----------|---|--|
| <b>X</b> | 103.<br>Unused/Expired<br>Prescription Meds |  |
|----------|---|--|

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|----------|---|--|
| <b>X</b> | 104. Emergency<br>Meds- Equip.<br>Labeled/Current |  |
|----------|---|--|

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|----------|-----------------------------|--|
| <b>X</b> | 105. Self-Admin.<br>Of Meds |  |
|----------|-----------------------------|--|

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|----------|---|--|
| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization |  |
|----------|---|--|

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

|          |  |  |
|----------|--|--|
| <b>X</b> | 108. Policies for<br>Finger Stick Blood<br>Glucose Testing |  |
|----------|--|--|

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|----------|--|--|
| <b>X</b> | 109. Finger Stick<br>Blood Glucose<br>Testing - Staff<br>Trained |  |
|----------|--|--|

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| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing |  |
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|----------|--|--|
| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |
|----------|--|--|

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>112. Finger Stick Blood Glucose Testing Records</b> |  |
| <b>X</b> | <b>113. Parent Notification of Test Results</b>        |  |

**ADDITIONAL VIOLATIONS**

|  |   |          |  |
|--|---|----------|--|
|  | <b>114. Consent Order - Negotiated Corrective Action Plan</b> | N/A?     |  |
|  |   | <b>X</b> |  |


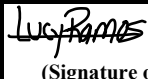
|  |            |  |                     |
|--|------------|--|---------------------|
| <b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b> | <b>Yes</b> | <b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b> | <b>3 out of 109</b> |
|--|------------|--|---------------------|

**DISCUSSIONS/COMMENTS**

Follow-up visit needed due to playground snow covered.

**IMPORTANT NOTES**

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- *APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

|   |                                       |                                 |   |
|---|---------------------------------------|---------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Jenny Ferreira</b><br>(Printed Name)   | <br>(Printed Name)                    | <b>02/17/2026</b>               | <b>LUCY RAMOS</b><br>(Printed Name)   |